



Please use this form to tell us about a problem you have with transportation service. Forward one copy of the completed form to Logisticare at the address listed below and fax a second copy to Joyce Pinkett, MA Transportation Contract Manager, at 302-255-4425. For immediate assistance, please call LogistiCare at 866-469-2824.

COMPLAINT DETAIL

NAME OF PERSON SENDING COMPLAINT: _____

AGENCY NAME/ ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

DATE COMPLAINT RECEIVED: _____

NATURE OF COMPLAINT: (Please provide details)

RESERVATION DETAIL:

MEMBER NAME _____ MEDICAID NUMBER: _____

DATE OF SERVICE: _____ JOB NUMBER: _____

COUNTY: _____ DESTINATION: _____

TRANSPORTATION PROVIDER: _____

LogistiCare tracking:	Date Received: _____	Review Completed By: _____	Date: _____
Complaint Disposition:	_____		
Complainant Notified	_____		

LogistiCare, 1012 College Road, Suite 105, Dover, DE 19904
Fax: 302-677-1199